CATEGORY F
LEARNING, MEMORY AND COMMUNICATION

1. Driving a motor vehicle is a complex operation which requires the ability to learn from experience, to remember facts related to driving situations, to communicate intentions by appropriate signals and to receive communications by interpretation of signs and in other ways. Greater demands for verbal communication are imposed when passengers are carried.

2. These functional profile levels are intended as guides for health care professionals in advising appropriate driving for their patients. In stable situations, such as retardation, a single medical confirmation will be sufficient, but in other circumstances, reconfirmation of the profile should be based upon medical judgement as to the likelihood of future changes. For example, a person who is improving after a head injury may be reviewed after an appropriate interval and receive increased privileges. Similarly, a person with increasing difficulties should be reviewed and greater limitations advised as may be appropriate. A health care professional should use available information to make the best judgement possible in the interest of their patient's safety. This should include information from their families, driving incidents, habits and other medically pertinent data.

3. Intellectual function usually relates to age in younger individuals, but may be estimated for all ages in a common sense fashion. A person's ability to function may be affected by emotional factors or experience. A health care professional can often get a good indication of intelligence by learning how well a person handles school, work or activities of daily living. For example, a person who cannot figure change in making simple purchases may not be able to drive safely.

4. A very important component of any impairment of learning, memory, communication, or other intellectual functions is the element of emotional stability and maturity in social relations. A person with intellectual impairment who is impulsive or aggressive may be a dangerous driver. Hence, these factors must be considered in setting a profile level.

5. Most younger individuals with learning problems will have had testing done which may be used as a basis for recommendations. In other cases, estimates of abilities, including general intelligence, may be made using whatever resources are usually used by the health care professional. Since inappropriate driving may create risks for both the patient and the public, if there is uncertainty, psychometric testing or other referral should be considered. Individuals with I.Q.s below 70 are reported to have more accidents in emergency situations.

6. Ability may fluctuate in relation to effects of medications, alcohol, emotional stress or fatigue, etc. Hence, a person's age, habits, stability and related impairments as in head injuries, should be considered carefully. Recommendations should be conservative to take into account intervals when abilities may be less than usual.

7. Patients with head injury may have diffuse cognitive deficits, for example: impaired judgement, impulsiveness, distractibility, impaired attention, neglect, slowed reaction time or impaired cognitive endurance. If the patient has had a severe injury (defined as coma longer than 24 hours and/or post traumatic amnesia longer than 7 days) the patient should be required to be evaluated by a state driving test.

8. Alzheimer's disease results in progressively impaired cognitive function and may require frequent review of driving abilities.

9. In special problems such as aphasia or inadequate language skills, the health care professional may indicate that a driving test should be given to make a careful final appraisal based upon special attention to learning and communication during the driving test. The health care professional should check the driving skills test box at the bottom of the form.